

CHILDREN'S ADMINISTRATION (CA)  
**SHARED PLANNING MEETING**

Consent to share information (14-012) completed and signed: ☐ Yes ☐ No (If yes, please attach form)  
If no, reason:

**SECTION I**

PARENT/FILE NAME			CASE NUMBER	
SOCIAL WORKER NAME		SSPS NUMBER	TELEPHONE NUMBER	OFFICE
DATE OF MEETING	LOCATION OF MEETING	ORIGINAL PLACEMENT DATE (OPD)		NAME OF FACILITATOR (If applicable)

**SECTION 2**

Shared Planning Meeting Time Frame

☐ Meeting within 72 hours of OPD (if available)
 ☐ Meeting within 30 days of OPD
 ☐ Meeting within 180 days of OPD
 ☐ Meeting 9 – 11 months of OPD
 ☐ Meeting every 12 months thereafter
 ☐ Other

**Other meetings that may be consolidated with any of the above meeting timeframes: (Check all that apply)**

- ☐ Adoption Planning Review
- ☐ Behavior Rehabilitative Services (BRS) Staffing
- ☐ Case Conference (RCW 13.34.067)
- ☐ Case Transfer Staffing
- ☐ CHET (Child Health and Education Tracking) Staffing
  - ☐ EPSDT Staffing
  - ☐ Mental health/substance abuse treatment planning triggered by denial of service (for the child)
- ☐ Family Meeting (FTDM, Family Support Meeting, Family Unity Meeting, Family Group Conference)
- ☐ Foster Care Assessment Program Key Person Staffing (FCAP)
- ☐ LICWAC staffing
- ☐ Multiple Placement Staffing
- ☐ Multi-Disciplinary Staffing (formerly No Wrong Door Staffing)
- ☐ Permanency Planning Staffing (aka Prognostic Staffing)
- ☐ Tribal staffing (ICW Manual)
- ☐ Other

**SECTION 3**

Meeting Invitees/Participants

Distribution List (who received a copy of the form?) Yes No		Role in relation to child (cross reference with CAMIS)	Name	Invited to Meeting Yes No		Present at Meeting Yes No	
<input type="checkbox"/>	<input type="checkbox"/>	Father(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mother(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sibling(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Relative(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Foster parent/relative caregiver		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CASA/GAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Attorney(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CSO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Distribution List (who received a copy of the form?) Yes No		Role in relation to child (cross reference with CAMIS)	Name	Invited to Meeting Yes No		Present at Meeting Yes No	
<input type="checkbox"/>	<input type="checkbox"/>	Tribes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	LICWAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Provider (for the child)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Treatment Provider (for the child)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### SECTION 4

**Skip this section if a current family face sheet is attached**

#### Parent Information

NAME OF MOTHER	DATE OF BIRTH	ETHNICITY	
NAME OF FATHER	PATERNITY STATUS	DATE OF BIRTH	ETHNICITY
NAME OF FATHER	PATERNITY STATUS	DATE OF BIRTH	ETHNICITY
NAME OF FATHER	PATERNITY STATUS	DATE OF BIRTH	ETHNICITY

#### SECTION 5

#### **Native American Status**

ETHNIC IDENTITY FORM IN FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBAL AFFILIATION
Active efforts to identify Tribal status? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### SECTION 6

**Skip this section if a current family face sheet is attached**

#### Child Information

Child Name	Date of Birth	OPD	Ethnicity	Current Placement	Date of Placement
				Name: Type:	
				Name: Type:	
				Name: Type:	
				Name: Type:	
				Name: Type:	

\*May include service providers, community representatives, person identified by youth, etc



**Well-being**

- Identify, address, and document the health and educational well-being of child, including services needed to support healthy development
- Is the child achieving the developmental tasks for his/her age group?
- Review and/or assign roles and responsibilities for child's education
- Gather/review/update medical information
- Discuss/review Independent Living Services
- As a result of the CHET screening or consultation with the PHN, are there any services that need to be considered?

RECOMMENDATIONS/ASSIGNMENTS/DATES

## ATTACHMENTS:

- ☐ Family Face Sheet (14-024)
- ☐ Investigative Risk Assessment (15-263)
- ☐ Safety Assessment (15-258)
- ☐ Safety Plan (15-259)
- ☐ ISSP (15-209) – **REQUIRED ATTACHMENT, if due per policy**
- ☐ Indian Heritage Questionnaire (04-220A)
- ☐ Reassessment of Risk (15-262)
- ☐ Reunification Assessment (15-261)
- ☐ Transition and Safety Plan (15-264)
- ☐ Child's Medical and Family Background Report (13-041)(first **four pages** completed)
- ☐ Child Information for (15-300; 04/2005)
- ☐ CHET Screening Report (14-444)
- ☐ Parent Information Sheet (15-260)
- ☐ Group Care Social Summary/Referral (10-166A)
- ☐ Relative Search (form #)
- ☐ Dependency Guardianship Checklist
- ☐ Other

**CHILDREN'S ADMINISTRATION**

**SIGNATURE PAGE**

CASE NAME	DATE OF STAFFING	TIME
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I pledge to hold in confidence all information, verbal or written, I receive as a result of this Shared Planning Meeting. RCW 74-04.060 prohibits "... disclosing the contents of any records, files, papers, and communications, except for the purpose directly connected with the administration of the programs..." I agree I will not reveal, publish or otherwise make known to unauthorized persons of the public any information obtained in the course of the Shared Planning Meeting. If I am a staff member, this pledge covers discussion on my part with fellow staff members (unless specifically allowed by statute), personal friends and fellow citizens, in private, semi-private or public places. Any unauthorized release of information is in violation of state and federal law, and I understand I may be subject to criminal and/or civil sanctions as a result of such a release.

I understand that my role in this meeting is to assist in providing information related to the above case. I understand that this information may assist Children's Administration in making recommendations to the court regarding services for the child and family, the safety issues, the best permanent living arrangement for the child, and well-being issues.

PRINT NAME	SIGNATURE	ROLE/RELATIONSHIP

### **Shared Planning Meeting Instructions**

The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with Children's Administration (CA). All shared planning meetings will address safety, permanency and well-being, and include a review of the tasks and activities associated with each of these elements. A shared planning meeting may include an update or full discussion of one or more of the tasks and activities.

1. Section 1 – Social worker completes
2. Section 2 – Social worker refers to Shared Planning Policy to determine which time frame to check and other meetings that can be consolidated with the shared planning meeting.
3. Section 3 – Social worker completes.
4. Section 4 – Social worker completes unless a current family face sheet is attached.
5. Section 5 – Social worker completes.
6. Section 6 – Social worker completes unless a current family face sheet is attached.
7. Section 7 – **Bolded statements are for discussion. This may be an update or full discussion.** Social worker documents any recommendations, assignments and/or dates for completion in the three main elements: Safety, permanency and well-being as necessary. Documented recommendations should be utilized to update service plans.
8. Attach most recent ISSP, **if due per policy**, to facilitate the shared planning process.